114000175658

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HARRIS

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations			
Toledo Blade Family Dentist	ry, LLC		
(Name of Limited Liability Company)			
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:		
Ian Northon			
(Contact Person)		-	
Roetzel & Andress			
(Firm/Company)		-	
850 Park Shore Dr, Floor 3			
(Address)		-	
Naples, FL 34103			
(City/State and Zip Code)		-	
For further information concerning this matter	er, please call:		
lan Northon	239	649-6200	
(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable t \$25 Filing Fee		repartment of State for: Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability compa	ny as it appears on the records of the Florida Department
of State is: Toledo Blade Family Den	tistry, LLC
2. The Florida document/registration number L14000175658	ber assigned to this limited liability company is:
3. The date this member/manager withdrev	w/resigned or will withdraw/resign is:
4. I.	, hereby withdraw/resign as a
(Print Name of Person Resigning) Authorized Member (Print Title)	, hereby withdraw/resign as a
of this limited Pability company and affire resignation in writing. Signature of Dissociating Member of I	rm the limited liability company has been notified of my Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	30 PH